

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19169

Registrar's No.

94

FILED MAY 20 1943
Registration District No. 24

Primary Registration District No. 3072

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 313 E Bell St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yr (Specify whether years, months or days)

3. (a) PRINT FULL NAME MINNIE MAY GERHARD

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Edward Gerhard 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Aug - 17 - 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 8 7 hr. min.

9. Birthplace Malta Bend Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Godfrey Eberle
13. Birthplace Bermy 4
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Ann Cover
15. Birthplace Bermy 4
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Gerhard
(b) Address Marshall Mo
17. (a) Burial (b) Date thereof 4-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Malta Bend Mo

18. (a) Signature of funeral director Harry Herschler
(b) Address Marshall Mo
19. (a) 4-28-43 (b) Mo T. O. Whetlock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 313 E Bell St
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 24
year 1943 hour 1:20 minute A M.

21. I hereby certify that I attended the deceased from Apr 24 1943 to Apr 24 1943
that I last saw h. — alive on — and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Duration 30 min

Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death)
94 f

Major findings:
Of operations —
Of autopsy —
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State) —
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury —
23. Signature H. Schumacher (M. D. or other) —
Address Marshall Mo Date signed 4/24/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

5-15-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Harry Hershtberger....., Registered Apprentice No. 334
working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.